

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Mr</i>	<i>62614</i>	<i>2/3/00</i>
O.I.P.E. CLASSIFIER		<i>2-18-60</i>	
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>EW</i>	<i>64830</i>	<i>2-18</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
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TEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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